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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/613,739-Conf. #4713
		Filing Date	July 3, 2003
		First Named Inventor	Arthur M. Krieg
		Examiner Name	E. M. Le
		Art Unit	1648
TOTAL AMOUNT OF PAYMENT		(\$)	1,860.00
		Attorney Docket No.	C1037.70043US00

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
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☐ Deposit Account
 Deposit Account Number: 23/2825
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 - = x = Fee (\$) Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 - = x = Fee (\$) Fee Paid (\$)
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

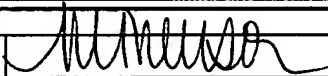
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

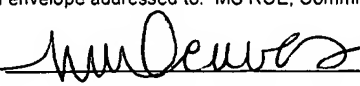
	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,050.00
1801 Request for Continued Examination (RCE)...	810.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,207
Name (Print/Type)	Maria A. Trevisan	Telephone	617.646.8000
		Date	January 16, 2008

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 16, 2008

Signature:  (Nicole Millette Hawes)